

State of Nebraska
 Department of Health & Human Services
 Regulation & Licensure - Credentialing Division
 ATTN: Pharmacy Desk
 PO Box 94986
 Lincoln, NE 68509-4986
 (402) 471-2118

For Board of Pharmacy Use Only:

E - _____ \$ _____ .00

License # : _____

Date: _____

BOP: Yes / No Aprv Date: _____

NEBRASKA PHARMACIST APPLICATION TO PRACTICE PHARMACY

I hereby apply for a license to practice Pharmacy in the State of Nebraska by:

- ☐ Taking NAPLEX by Exam for Nebraska; or
☐ NAPLEX Score Transfer to Nebraska; or
☐ Reciprocity with state of _____

Please Note:

- ✓ **All candidates are additionally required to take the Multistate Pharmacy Jurisprudence Exam (MPJE).**
 ✓ **Copy of valid identification (birth certificate, driver's license, marriage license, etc.) is required.**

Legal Name:	Last:	First:	Middle:	Maiden:
Date of Birth:	Place of Birth:			
Gender:	Social Security Number:			
Mailing Address:	Street/PO/Route:			
	City:	State:	Zip:	
Telephone Number:	Cell Number:			
E-mail address:				
Permanent Address:	Street/PO/Route:			
	City:	State:	Zip:	
Name and Location of accredited college/school of pharmacy attended by applicant:				
Name of College/School:	City:		State:	
Date of Graduation:				

According to **Neb Rev Stat 71-2407**, all Mail Service pharmacies are required to employ a full-time pharmacist who holds a current unrestricted Nebraska Pharmacist License. Are you applying for this purpose? ☐ Yes ☐ No

Name of Mail Service Company: _____ State: _____

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS :
(Check the box if the statement applies to you)

- ☐ I have requested official documentation of successful completion of a pharmacy degree program of an accredited pharmacy program. **(Eg. Certificate of Education found on page 5 of this application or official transcripts sent directly to the Department from the accredited pharmacy program.)**

If the applicant is applying by examination and score transfer, the applicant needs to answer the following:

- ☐ I have satisfactorily completed not less than 1500 hours of internship experience in pharmacy. My Nebraska Pharmacist Intern license number is .
- ☐ I obtained my hours of internship experience in pharmacy in a state other than Nebraska and have abided by all the provisions of the internship rules in that state. I have requested certified proof of this experience from the state's Board of Pharmacy or a notarized statement from the Nebraska-licensed pharmacist who supervised the training. **This evidence shall include the number of clock-hours of experience actually participated in by the pharmacist intern.**
- ☐ I have sent the examination fee **(\$465.00)** for the North American Pharmacist Licensing Examination (NAPLEX) **directly to NABP.**
- ☐ I have sent the examination fee **(\$185.00)** for the Multistate Pharmacy Jurisprudence Examination (MPJE) **directly to NABP.**

If the applicant is applying by reciprocity, the applicant needs to answer the following:

- ☐ I have sent the NABP Preliminary Application for Transfer of Pharmaceutic License **directly to NABP and either have included the completed Licensure Transfer document with my application (with fee of \$300.00) and will forward the document as soon as it is received.**
- ☐ I have sent the examination fee **(\$185.00)** for the Multistate Pharmacy Jurisprudence Examination (MPJE) **directly to NABP.**

If the applicant graduated from a foreign pharmacy degree program:

- ☐ I have requested official documentation of successful completion of a pharmacy degree program of a foreign school or college of pharmacy.
- ☐ I have enclosed a copy of my certificate from the Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification Program of the National Association of Boards of Pharmacy (NABP).

ALL APPLICANTS ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS EITHER 'YES' OR 'NO': (If 'Yes', include an explanation of the circumstances and outcome on a separate sheet of paper)			
1	Has any state or territory of the U.S. ever taken any of the following actions against your license?		
	Answer yes or no to each	Denied	
		Limited	
		Restricted	
		Revoked	
		Suspended	
2	Has any licensing or disciplinary authority ever taken any of the following actions against your license?		
	Answer yes or no to each	Denied	
		Limited	
		Restricted	
		Revoked	
		Suspended	
3	Has any licensing or disciplinary authority placed your license on probation?	Answer yes or no	
4	Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?	Answer yes or no	
5	Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?	Answer yes or no	
6	Have you ever been requested to appear before any licensing agency?	Answer yes or no	
7	Have you ever been notified of any charges or complaints filed against you by any Licensing or disciplinary authority or criminal prosecution authority?	Answer yes or no	
8	Have you ever been addicted to, dependent upon or chronically impaired by alcohol, Narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	Answer yes or no	
9	Have you ever been treated for alcohol or substance abuse?	Answer yes or no	
10	During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?	Answer yes or no	
11	Have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?	Answer yes or no	
12	Have you ever been convicted of a felony?	Answer yes or no	
13	Have you ever been convicted of a misdemeanor?	Answer yes or no	
14	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	Answer yes or no	
15	Have you ever been notified of any malpractice claim against you?		

ALL APPLICANTS MUST ANSWER THE FOLLOWING:	
Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 when evidence exists that a person has practiced prior to being issued a License.	
Have you actively practiced as a pharmacist prior to being issued an active Pharmacist license?	Answer yes No
If yes, how many days have you actually practiced pharmacy prior to being issued a license?	Total Number of Days

ALL APPLICANTS MUST SIGN AND DATE APPLICATION:

I, _____, being first duly sworn say that I am the person referred to in this application, that I am of good moral character and that the statements herein are true and complete and do solemnly declare upon my honor that if granted a license to practice Pharmacy in the State of Nebraska, I will adhere to all statutes pertaining to the profession and do all in my power to maintain the ethics of the profession.

(Signature of Applicant)

(Date)

INSTRUCTIONS TO APPLICANTS

All pharmacist licenses expire January 1st of even years. Return application and supporting documents to address shown at top of form. Refer to your cover letter for additional items to be submitted with this application.

If you have any questions, call Cecilia at 402-471-2118 or e-mail her at cecilia.curtisbeard@hhss.ne.gov.

FEES:

Nebraska licensure fee made payable to Credentialing Division (The Department does accept personal checks):
\$75.00 plus LAP* fee for exam/score transfer/reciprocity applicants

If you are applying for licensure within 180 days of the expiration date (January 1 of even years) the fee will be \$25.00 plus the LAP* fee.

***LAP fee**--All applicants must pay either a **\$1.00 or \$2.00** Licensee Assistance Program (LAP) fee for initial licensure (If issued in an even year, add **\$2.00** LAP fee. If issued in an odd year, add **\$1.00** LAP fee).

Please Note: All supporting documentation required to complete your application must be submitted within **150 days** from the date your application is received by the Department. If such documentation is not submitted within this time, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.

11/2005

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Certificate of Pharmacy Education

(This certificate must be completed by your college/school - We no longer require a copy of your college diploma)

I certify that _____
(Full Name of Student)

matriculated in _____
(Name of College)

at _____,
(Location)

and received a diploma from this institution conferring the degree of the following:

☐ Bachelor of Science in Pharmacy or ☐ Doctor of Pharmacy on

(College Seal)

Date of Graduation

Signature of Dean or Assistant/Associate Dean

This form may be returned to you to submit with your application or it may be sent directly to our office at the address below.

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